IN THE UNITED STATES DISTRICT COURT FOR THE SOUTHERN DISTRICT OF OHIO

	M M JOURCY NAME OF THE PLAINTIFF IN THIS ACTION)
IF THE PLAINTIFF IS	A PRISONER C. STATE COrrection FACILITY/ODIC
(ENTER ABOVE THE	NAME OF THE DEFENDANT IN THIS ACTION)
IF THERE ARE ADDIT	TONAL DEFENDANTS PLEASE LIST THEM:
CO. Coofe	r & Innate grooms \$ 755-448
Accessed to the second	
	COMPLAINT
I. PARTIES TO T	THE ACTION:
PLAINTIFF:	PLACE YOUR NAME AND ADDRESS ON THE LINES BELOW. THE ADDRESS YOU GIVE MUST BE THE ADDRESS THAT THE COURT MAY CONTACT YOU AND MAIL DOCUMENTS TO YOU. A TELEPHONE NUMBER IS REQUIRED.
	NAME - FULL NAME PLEASE - PRINT
	5500 CHillicoth Corrections
	ADDRESS: STREET, CITY, STATE AND ZIP CODE
	0410,45601
	(740) 961-1824 TELEPHONE NUMBER

IF THERE ARE ADDITIONAL PLAINTIFFS IN THIS SUIT, A SEPARATE PIECE OF PAPER SHOULD BE ATTACHED IMMEDIATELY BEHIND THIS PAGE WITH THEIR FULL NAMES, ADDRESSES AND TELEPHONE NUMBERS. IF NO ADDITIONAL PLAINTIFFS EXIST CONTINUE WITH THIS FORM.

PAGE 2 AND 3 OF THIS FORM DEAL ONLY WITH A PLAINTIFF THAT IS INCARCERATED AT THE TIME OF FILING THIS COMPLAINT.

IICAGE: ARE 1-CRIOQNED-FALINCOMUNDOSUIT THRIEGLOGNIS/O1NPOGALATION IS PAGEID #: 2 REQUIRED:

PREVIOUS LAWSUITS:

- A. HAVE YOU BEGUN OTHER LAWSUITS IN STATE OR FEDERAL COURT DEALING WITH THE SAME FACTS INVOLVED IN THIS ACTION OR OTHERWISE RELATING TO YOUR IMPRISONMENT? YES () NO (**)
- B. IF YOUR ANSWER TO A IS YES, DESCRIBE THE LAWSUIT IN THE SPACE BELOW. (IF THERE IS MORE THAN ONE LAWSUIT, DESCRIBE THE ADDITIONAL LAWSUITS ON ANOTHER PIECE OF PAPER, USING THE SAME OUTLINE.)

RTIES TO THIS PREVIOUS LAWSUIT
AINTIFFS:
FENDANTS:
OURT (IF FEDERAL COURT, NAME THE DISTRICT: IF STATE COURT , AME THE COUNTY)
OCKET NUMBER
ME OF THE JUDGE TO WHOM THE CASE WAS ASSIGNED
SPOSITION (FOR EXAMPLE, WAS THE CASE DISMISSED? WAS IT PEALED? IS IT STILL PENDING?)
PROXIMATE DATE OF THE FILING OF THE LAWSUIT
PROXIMATE DATE OF THE DISPOSITION

		HERE A PRISONER GRIEVANCE PROCEDURE IN THIS INSTITUTION?	
		YOU PRESENT THE FACTS RELATING TO YOUR COMPLAINT IN THIS STATE SONER GRIEVANCE PROCEDURE? YES () NO ()	
		OUR ANSWER IS YES:	
		WHAT STEPS DID YOU TAKE? (1.) I talked to the sayge. (2.) I wrote Informal to 2nd shift captain (3.) A Scievance (4) I Kited Duputy warden & The Investigates.	iau the
	51	WHAT WAS THE RESULT? Nothing YET BUT PUSHING BLA PERSON! S'ARGE SAYS CANCER'S don'T WORK. HE DEPUTY WARDEN SAID ITS BEIN TAKING CARE TANKSTIGATOR HASNIT done Anything YET, SECOND APTION. SAID HE WOULD PASS THE INFORMATION ON THE APPRILED BY AND THEY AT JOINT OUR ANSWER IS NO, EXPLAIN WHY NOT!	1 SHIFT
į	YOU	HERE IS NO PRISON GRIEVANCE PROCEDURE IN THIS INSTITUTION, DID J COMPLAIN TO PRISON AUTHORITIES? YES () NO ()	
	IF Y	OUR ANSWER IS YES:	
	1.	WHAT STEPS DID YOU TAKE?	
	2.	WHAT WAS THE RESULT?	

Case: 2:21-cv-01119-ALM-CMV Doc #: 1 Filed: 03/15/21 Page: 4 of 9 PAGEID #: 4 DEFENDANTS:

PLACE THE NAME AND ADDRESS OF EACH DEFENDANT YOU LISTED IN THE CAPTION ON THE FIRST PAGE OF THIS COMPLAINT. THIS FORM IS INVALID UNLESS EACH DEFENDANT APPEARS WITH FULL ADDRESS FOR PROPER SERVICE.

1.	NAMES - FULL NAME PLEASE
	5500 C.C.T CHillicothe off. 45601
	ADDRESS - STREET, CITY, STATE AND ZIP CODE
2.	
	TUMBTE GROWNS # 755-2448
	INNATE GROOMS # 755-448 5500 C.C.I. CHIllicoth, OH. 45601
3.	
4.	
5.	
6	
6.	
IF T	HERE ARE ADDITIONAL DEFENDANTS, PLEASE CONTINUE LISTING THEM
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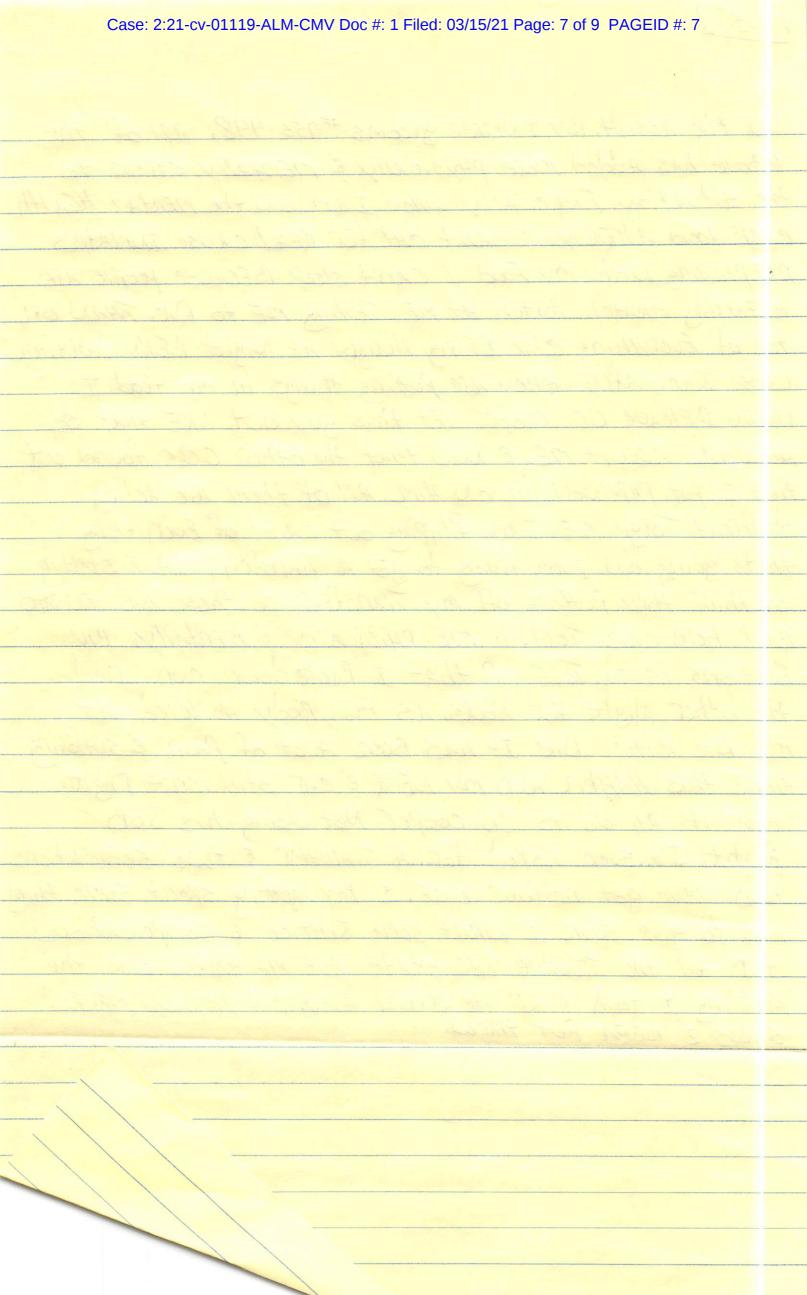
Case: 2:21-cv-01119-ALM-CMS/TD/06/MEN/TE/06/02/08/NU5/21 Page: 5 of 9 PAGEID #: 5

PLEASE WRITE AS BRIEFLY AS POSSIBLE THE FACTS OF YOUR CASE. DESCRIBE HOW EACH DEFENDANT IS INVOLVED. INCLUDE THE NAME OF ALL PERSONS INVOLVED. GIVE DATES AND PLACES.

DO NOT GIVE ANY LEGAL ARGUMENTS OR CITE ANY CASES OR STATUTES.

IF YOU HAVE A NUMBER OF DIFFERENT CLAIMS; PLEASE NUMBER AND SET FORTH EACH CLAIM IN A SEPARATE PARAGRAPH. USE AS MUCH SPACE AS YOU NEED. YOU ARE NOT LIMITED TO THE PAPERS WE GIVE YOU. ATTACH EXTRA SHEETS THAT DEAL WITH YOUR STATEMENT CLAIM IMMEDIATELY BEHIND THIS PIECE OF PAPER. WEIL it started

in the ASSUH. BY INMATE grooms #755-448. All of the ABove has added more physically & MENTAlly stress to the situation. Expecially when I'AM ON the MERTAL HEAlth CASE load Already. I can't est for REAl CAUSE INMATE'S BE Playing with my Food. I can't sleep BECAUSE people are screaming switch Bitch At ME, TElling ME to Die THAN OR top of Everything else BEing Hungry At Night BElly hurting CRUSE I'm Afraid they are putting things in my food. I SEALLY BELEAVE CO. COOPER let this guy out like that so HE could ASSULT ME & Now that the other CO'S found out that I put paperwork in ON Him, RII of them are acting different Torge ME. I'm Plipping out cause of Everything that's going ON. I'm trying to get a Transfers, But I starting to think they putting off my Transfer so these 100 IUMtes BACK here can Torture ME. PHISICALLY & MENTALLY, MY Entions is so Toke up that I Broke down and cried the other Night for Hours, as FueryBody Hollered At ME Die Bitch Die It has Been Alot of Pain & sufforing since this HAPPER AND MY NECK & eas still isn't sight. AND its All do to CO. Cooper Not doing his JOB Right. I'v Even Asked for A TRANSFETT & two separations AND HAVE got neither ONE, I keep getting spent, some thing has to give soon I want some Justice & confensation for All the Trouble. THE state put ME threw with the Heckling I took & All the VESBA! ASSULTS & PHYSICA] MENTAL
SHESS I BEEN PUT THEW.



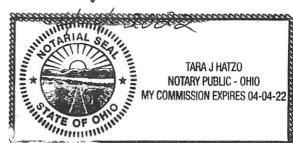
IN THIS SECTION PLEASE STATE (WRITE) BRIEFLY EXACTLY WHAT YOU WANT THE COURT TO DO FOR YOU. MAKE NO LEGAL ARGUMENT, CITE NO CASES OR STATUTES.

I want the coust to set to it that another Incoment
like this will bever Happen again & I would like to
BE paid for my pain & suffering to the crime AND for
the 1033 of MY JOB AND have this other two 1/2 YEARS
dismissed off my 15 YEASS I'BE have done cause NOW
I'm stress All the WAY out AND scared for nylife in
Here, I've had still E piss Throwed on ME. Been called
A switch Bitch it has screwed my Head All the way
UP, AND I NO longer BEleave the STAFF WILL Keep ME
SAFE. I'M PHISICALLY & MENTALLY A MESS. I SENT FOR
My SHrink At MENTAL HENTH the other day told her
WHAT WAS going ON. with the months of suffering AND
Everything that has Huffen to ME. I'm sveing for AT
VEAST #350,000 THOUSAND dollass.

SIGNED THIS 3 = DAY OF 9 = 20 21.

William M. Jaurney
SIGNATURE OF PLAINTIFF

Java J. Hatso



Chillicothe Correctional Inst P.O. BOX 5500 Chillicothe, Oh 45601 US. District Court

Office of the caloft

Sosoph P. Rimerly US. without

85 MARIONIE BIND ROOM 121

Columbus, OH. 43215

With SSO C.C.I. 5350 CHillican OH: MSEO